

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

**CARGILL, INCORPORATED POLITICAL ACTION COMMITTEE**

ADDRESS (number and street)

**P.O. BOX 9300/DEPARTMENT 5**☐(Check if address  
is changed)**Minneapolis****MN****55440**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

M M  
0 7/ D D  
3 1/ Y Y Y Y  
2 0 0 6

3. FEC IDENTIFICATION NUMBER

**C C00067884**

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

**Jane Allen**

Signature of Treasurer

Electronically Filed by **Jane Allen**

Date

M M  
0 7/ D D  
3 1/ Y Y Y Y  
2 0 0 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)

## 5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
CandidateCandidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

## 6. Name of Any Connected Organization or Affiliated Committee

Cargill, Incorporated

Mailing Address

P.O. Box 9300

M.S. # 5

Minneapolis

MN

55440

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Connected

Type of Connected Organization:

- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

**CARGILL, INCORPORATED POLITICAL ACTION COMMITTEE**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Mary Dowling**

Mailing Address **P.O. Box 9300**

**M.S.# 5**

**Minneapolis** **MN** **55440** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Asst. Treasurer** **952** **742** **7118**

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Jane Allen**

Mailing Address **P.O. Box 9300**

**M.S. # 5**

**Minneapolis** **MN** **55440** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Treasurer** **952** **742** **7110**

Telephone number - -

Full Name of Designated Agent **Mary Dowling**

Mailing Address **P.O. Box 9300**

**M.S. # 5**

**Minneapolis** **MN** **55440** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Asst. Treasurer** **952** **742** **7118**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank, N.A.

Mailing Address

Midland Office

P.O. Box B514

Minneapolis

MN

55479

CITY ▲

STATE ▲

ZIP CODE ▲

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

Ameriprise

900 Long Lake Rd.

Ste 140

New Brighton MN 55112 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

**[ ADDITIONAL ]**

ZIP CODE ▲

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_